

Water Resources Program Application for a Water Right Permit

12 DEC 21 A9:38

Follow the attached instructions. Attach additional sheets as neces	ssary. DE	PT. OF ECOLOGY ISCAL & BUDGET
☐ GROUND WATER ☐ SURFACE WATER		LOCKE O BODGE!
PERMANENT ☐ SHORT TERM ⊠ TEMPORARY		
DROUGHT		
*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUS	ST ACCOMPANY T	THIS APPLICATION.
Section 1. APPLICANT		
Applicant/Business Name:	Phone No:	Other No:
Quentin Schwenke	(509) 529-2725	
Address: 3422 Power Line Rd		
City: Walla Walla	State: WA	zip: 99362
Email Address (optional):		
Contact Name (if different from above):	Phone No:	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (optional):		
Legal Land Owner or Part Owner Name of the Proposed Place of Use:	Phone No:	Other No:
Quentin Schwenke		
Address: 3422 Power Line Road		
City: Walla Walla	State: WA	Zip:99362

Signatures are required. See page 7.

Email Address (optional): qgrschw@charter.net

Use Fee I		3-30680		SEPA: Exempt/Not Exempt
	Paid: 50.00	Check No:	ECY Coding:	001-001-WR1-0285-000011
Date Returned	J	By Priority Date	2012 By RT	WRIA: <u>32</u>
Section 2.	STATEMEN?	Γ OF INTENT		
		proposed point of diversion/with o make this application for use of		
Briefly describe	the purpose of you	ur proposed project:		
Conduct a pilo	ot project to test a	and evaluate the feasibility of	alluvial aquifer i	recharge at Stiller Pond, and
he impacts of	recharge on the a	lluvial aquifer and nearby rea	ch of the Walla	Walla River. This project is
proposed as an	Environmental I	Enhancement Project under W	AC 173-532-05	5.
Anticipated leng and 2017.	th of time to comp	olete your project: Seasonally in	the winter-sprii	ng of 2013, 2014, 2015, 2016
Water Use List	all purposes for w	high water will be applied to a he		
		men water win be applied to a bo	eneficial use and	list quantity required for each.
Purpose(s) of Us	ie	Rate (check one box only)	Acre-Feet per	Period of Use
Purpose(s) of Us	se	Rate (check one box only) Cubic Feet per Second (CFS)	Acre-Feet per Year (AF/YR)	
	er Recharge Pilot	Rate (check one box only)	Acre-Feet per	Period of Use
Alluvial Aquife		Rate (check one box only) ⊠Cubic Feet per Second (CFS) ☐Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Alluvial Aquife		Rate (check one box only) ⊠Cubic Feet per Second (CFS) ☐Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Alluvial Aquife		Rate (check one box only) ⊠Cubic Feet per Second (CFS) ☐Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)

Section 3. POINT OF DIVERSION OR WITHDRAWAL (Complete A or B, and C below) A.) If Surface Water Source **B.) If Ground Water Source** ☐ Spring ☐ Creek ☐ River ☐ Lake ☐ Well(s) ☐ Other:N/A Other: Well diameter & depth:___ Source Name: Mill Creek Number of proposed points of withdrawal:_____ Tributary to: Walla Walla River Do you have an existing well? YES NO Number of proposed diversion points: 1 If available, attach Water Well Report and pump test. Do you have an existing diversion? X YES NO Well Tag ID No. C.) Point of Diversion/Withdrawal – Legal Description Parcel No. Section Township Range County 350728310005 NW Walla Walla SE 28 7N 35E Subdivision Lot(s) Block(s) If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: 1,450 Feet (\square North/ \square South) and 2165 feet (\square East/ \square West) from the (NW SW NE SE) corner of Section 28. Parcel No. 1/4 Section Township Range County Block(s) Subdivision Lot(s) If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: feet (North/ South) and _____feet (East/ West) from the (NW SW NE SE) corner of Section NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper. Section 4. PLACE OF USE Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below. Water will be used in, and adjacent to Stiller Pond.

Walla Walla

County

Range

35E

SW

SW

Section

29

Twp.

7N

Parcel No.

350729210004

	ce of use is located? X YES NO.
f no, do you have legal authority to make this applied Provide owner name(s), address, and phone number:	
Are there any other water rights or claims associated f yes, provide the water right and/or claim numbers:	with this property or water system? YES NO
WWRAC 462; SWC 8611; SWC 7832	
Attach a map of your project showing the poi property, be sure to include a complete copy of	int of diversion/withdrawal and place of use. If platted of the plat map.
Section 5. WATER SYSTEM DESCRI	IPTION
Describe your proposed water system (include type a source):	and size of devices used to divert or withdraw water from
See attached Local Water Plan. System proposed for	local water plan is the same as would be used for this project.
Section 6. DOMESTIC WATER SUP	PPLY SYSTEM INFORMATION
Section 6. DOMESTIC WATER SUP (Complete A or B, and C below)	PLY SYSTEM INFORMATION
	PPLY SYSTEM INFORMATION B.) Municipal Water Systems only (defined under RCW 90.03.015)
(Complete A or B, and C below)	B.) Municipal Water Systems only
(Complete A or B, and C below) A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)

Do you have a Water Creater Dies approved by the Washington Ctate Department of Health Drinking Water	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? YES NO	er -
If yes, date plan was approved/ Water System Number:	
Name of water system:	
Are you within the service area of an existing water system? \(\subseteq \text{YES} \subseteq \text{NO} \)	
If yes, explain why you are unable to connect to the system:	
Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES	
rrigation	
Cotal number of acres requested to be irrigated under this application =ACRES NOTE: Outline the area to be irrigated on your attached map.	
Stockwater	
List number and kind of stock:	
s the proposed project for a dairy farm? YES NO	
Other Proposed Farm Uses	
Describe all proposed uses:	
	100
Family Farm Water Act (RCW 90.66):	
Calculate the acreage in which you have a controlling interest, including only:	
 Acreage irrigated under water rights acquired after December 8, 1977, Acreage proposed to be irrigated under this application, and 	
 Acreage proposed to be irrigated under other pending application(s). 	
s the combined acreage under existing rights greater than 6000 acres? YES NO	
Do you have a controlling interest in a Family Farm Development Permit? YES NO	
f yes, enter Permit No:	

Section 8. OTHER WATER USES Hydropower Indicate total feet of head _____ and proposed capacity in kilowatts:____ Describe works: Indicate all uses to which power is to be applied:____ FERC License No: Mining/Industrial Use Describe use, method of supplying and utilizing water: **Other Use** This application is for an Environmental Enhancement Project in the Walla Walla River basin under WAS 173-532-055. The intent is to test and assess the feasibility of using a portion of Mill Creek flow seasonally (winter-spring) to recharge the alluvial aguifer and enhance base flow returns to the Walla Walla River near the project site. Section 9. WATER STORAGE Will you be using a dam, dike, or other structure to retain or store water? \(\subseteq\) YES \(\simeq\) NO Are you proposing to store more than 10 acre-feet of water? YES NO Will the water depth be 10 feet or more? ☐ YES ☒ NO If you answered yes to any of the above questions, please describe: NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point

and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a

Reservoir and a Dam Construction Permit and Application.

Provide detailed driving dir	ections to the project site:		
Site Address:			

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Print Name (Applicant or authorized representation of the second of the	Signature ative)	Ruesh 12-14 N
Print Name (Legal Owner or Part Owner Place	Signature	Bound 12-14-12 Date
Print Name (Legal Owner or Part Owner Place	Signature	Date
	of osc)	
		which the project is located:
*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611		☐ Eastern Regional Office

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

